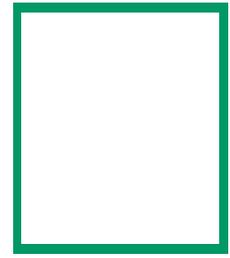


# APPLICATION FORM



**Dr. JP'S  
CLASSES**  
MEDICAL ENTRANCE COACHING CENTRE  
KOYILANDI

ESSES MALL, NEAR NEW BUS STAND  
KOYILANDI, KOZHICODE-673305  
**+91 9633 123 500, +91 9544 947748**



Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gender

M

F

Other

Date of Birth

D

M

Y

Blood Group \_\_\_\_\_

Reservation Category \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Parent Contact Number \_\_\_\_\_

Whatsapp Number \_\_\_\_\_

Mark Details (Plus One) \_\_\_\_\_

Name of School \_\_\_\_\_

## APPLICATION SHOULD BE FILLED BY THE CANDIDATES

Fees once paid will not be refunded in any circumstance. Fee defaulters will not be allowed to attend the classes and their names will be removed from the rolls.

The cost of loss or breakage of any instruments entrusted to the students and expence towards repair of any item damaged will be recovered from the students jointly and severally.

The name of student who are found violating the rules and regulations of the institution are liable to be removed from the rolls of the institution. They will not be eligible for refund of fees.

## DECLARATION

\_\_\_\_\_ hereby solemnly declare that the particulars furnished above are true to the best of my knowledge and belief and further I affirm that I shall abide by the rules and regulations of the institution now in force and as amended from time to time.

Place \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Student

\_\_\_\_\_  
Signature of the Guardian

## FOR OFFICE USE ONLY

Name \_\_\_\_\_

Admission No. \_\_\_\_\_